



BIRTHDAY PARTIES, CELEBRATIONS & EVENTS APPLICATION

Hillview Community Center
97 Hillview Avenue
Los Altos, CA 94022
(650) 947-2790 / Fax: (650) 947-2738
www.losaltosrecreation.org

PACKAGE REQUESTED		
<input type="checkbox"/> Murphy Magic* At San Antonio Club Cost: Residents \$285 All Others \$340 Security Deposit: \$500 For Kids 3-7 years	<input type="checkbox"/> Party at the Underground Cost: Residents \$225 All Others \$268 Security Deposit: \$500 For Kids 11-18 years	<input type="checkbox"/> Bocce Ball & BBQ Bash At Hillview Comm Center Cost: Residents \$200 All Others \$238 Security Deposit: \$250 For all ages
<input type="checkbox"/> Archery Party* at Redwood Grove Cost: Residents \$200 All Others \$238 Security Deposit: \$250 For Kids 7-14		

Please note: Participants must park on University Ave. and walk into the Grove.
All trash must be packed out after event.

EVENT INFORMATION	
Date of Event:	Day of the Week:
Event Time: (Including setup and cleanup) _____ am/pm to _____ am/pm	*Murphy Magic and/or *Archery Package: Age of Children: _____ Number of Children: _____ Time Requested for Magic Show or Archery Party : _____ am/pm to _____ am/pm Murphy Magic only - Interested in Balloon Art?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Will Food/Beverages be served? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Attendance:
Will Alcohol be served? (No alcohol allowed at the Underground under any circumstances!) <input type="checkbox"/> Yes <input type="checkbox"/> No	Music: <input type="checkbox"/> Live Music <input type="checkbox"/> D.J. <input type="checkbox"/> N/A

CONTACT INFORMATION		
Organization: (if applicable)	Non-Profit Tax ID #:	
Contact Name:	Email Address:	
Day Phone:	Cell or Evening Phone:	
Address:		
City:	State:	Zip:
2 nd Contact Name:		Day Phone:

WAIVER OF LIABILITY	
To the fullest extent allowed by law, Applicant hereby agrees to defend, indemnify and hold harmless the City of Los Altos, its governing board, the individual members thereof, and all City of Los Altos officers, agents and employees from any loss, damage, liability, cost or expense arising from the use or occupancy of City property. All applications shall bear the signature of a person 21 years or older who is duly authorized representative of the organization or group making the request, and further the applicant agrees to reimburse the City of any loss or damage to City property caused by such use. I HAVE READ AND UNDERSTAND THE ATTACHED POLICIES AND REGULATIONS ATTENDANT TO MY RENTAL OF THIS FACILITY (including decorations, clean-up, noise etc.) & I AGREE TO ABIDE BY THEM. I have read and understand the refund policy.	
Signature of Applicant:	Date:

Office Use Only:
Alcohol Permit:
 Permit Required: ☐ Yes ☐ No
 Date Paid: _____
 Paid by: ☐ Check. ☐ CC ☐ Cash
Deposit:
 Date Paid: _____
 Paid by: ☐ Check. ☐ CC ☐ Cash
 Deposit Refunded: ☐ Yes ☐ No
 Date Refunded: _____ By: _____
 Facility Condition: _____